

Commonwealth of Kentucky  
**Cabinet for Health Services**  
Department for Public Health

Permit No.: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION FOR REINSTATEMENT OF PERMIT**

I hereby make application for reinstatement of my permit. The violation(s) which result in my permit being suspended have been corrected.

Farm Inspection ( )

Temperature ( )

Bacteria ( )

Excessive Water ( )

Sediment ( )

Water Supply ( )

Somatic Cell ( )

Antibiotics 1st ( ) 2nd ( ) 3rd ( )

Other \_\_\_\_\_

Therefore, I request an inspection of my facilities, and/or sample be collected to determine if present requirements are being met.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

Dates & Time bulk milk tank will be empty for inspection:

\_\_\_\_\_  
\_\_\_\_\_

**Application must be returned to the Milk Safety Branch before permit will be reinstated.**

Mail application to:

Milk Safety Branch  
Health Services Bldg - HS2GE-A  
275 East Main St  
Frankfort KY 40621

Phone Number: (502) 564-3340  
Fax Number: (502) 564-8787